

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) FIRST MI PAUL C NICKNAME LAST SUFFIX SLECHTA			OFFICE USE ONLY	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address			Date Received <div style="font-size: 1.2em;">NOV 30 2015</div> 2:02 pm	
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2703 PEBBLE STONE GRAPEVINE, TX. 76051					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 360-8146			Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) FIRST MI WILL NICKNAME LAST SUFFIX WICKMAN			Receipt # Amount \$	
				Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1811 OCTOBER COURT. GRAPEVINE, TX. 76051				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 781-3688				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month Day Year 10 / 25 / 15 THROUGH 11 / 28 / 15				
11 ELECTION	ELECTION DATE Month Day Year 12 / 8 / 15		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) CITY COUNCIL PLACE 1		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

PAUL SLECHTA

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 820.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,820.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2,915.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

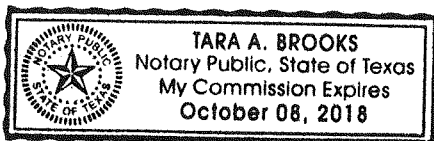
\$ 484.10

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paul C. Slechta, this the 30th day of November, 2015, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **PAUL SUEZHTA**

3 Filer ID (Ethics Commission Filers)

4 Date

11/12/15

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

DAVID SHELLEY COX

6 Contributor address; City; State; Zip Code

310 E. COLLEGE ST. GRAPEVINE, TX. 76051

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/12/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

TOMMY & PATSY HAROY

Contributor address; City; State; Zip Code

1126 SILVERLAKE DR. GRAPEVINE, TX. 76051

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/11/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

EDWARD & KAREN FOLLIARO

Contributor address; City; State; Zip Code

2335 MOCKINGBIRD DR. GRAPEVINE, TX. 76051

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/11/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MIKE & KATHLEEN MORRIS

Contributor address; City; State; Zip Code

PO BOX 907 GRAPEVINE, TX. 76099

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

PAUL SUECHTA

3 Filer ID (Ethics Commission Filers)

4 Date

11/11/15

5 Full name of contributor

☐ out-of-state PAC (ID#:

JASON & LUANN GATTS

6 Contributor address;

City; State; Zip Code

2304 FOREST HILLS RD. GRAPEVINE, TX. 76051

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/11/15

Full name of contributor

☐ out-of-state PAC (ID#:

TERRY HUNDLEY

Contributor address;

City; State; Zip Code

1380 W. NORTHWEST HWY GRAPEVINE, TX. 76051

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/11/15

Full name of contributor

☐ out-of-state PAC (ID#:

AT GILLINGER

Contributor address;

City; State; Zip Code

2910 CANYON DR. GRAPEVINE, TX. 76051

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/23/15

Full name of contributor

☐ out-of-state PAC (ID#:

DOUG & LAURIE EVANS

Contributor address;

City; State; Zip Code

4110 MAPLERIDGE DR. GRAPEVINE, TX. 76051

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME PAUL SLECHTA

3 Filer ID (Ethics Commission Filers)

4 Date

11/2/15

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

PHIL PARKER

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

326 ROBBIE BECK DR. GRAPEVINE, TX. 76051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/2/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JON MICHAEL FRANKS

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

412 E. WALL ST. GRAPEVINE, TX. 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME PAUL SLECHTA	3 Filer ID (Ethics Commission Filers)
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4 Date 11/4	5 Payee name AT'S ON MAIN
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6 Amount (\$) 750.00	7 Payee address; City; State; Zip Code 651 S. MAIN ST. GRAPEVINE, TX. 76051
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE FOOD/BEVERAGE EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/25	Payee name NJ GRAPHICS
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Amount (\$) 2,165.00	Payee address; City; State; Zip Code 203 E. WORTH ST. GRAPEVINE, TX. 76051
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING / PRINTING EXPENSE (MAILERS)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED